

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09925620

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		3				
8		①				
9	3					
10	3					
11	6					
12	6					
13	6					
14	6					
15	5					
16	5					
17	5					
18	5					
19	5					
20	6					
21	6					
22	①					
23	6					
24	3					
25	3					
26	3					
27	3					
28	3					
29	3					
30	3					
31	3					
32	6					
33	6					
34	3					
35	3					
36	3					
37	3					
38	①					
39	3					
40	3					
41	①					
42	3					
43	①					
44	6					
45	①					
46	6					
47	6					
48	6					
49	6					
50	6					
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	244		↓		↓	↓
TOTAL CLAIMS	80					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6				
54		6				
55		6				
56		6				
57		6				
58		5				
59		1				
60		1				
61		1				
62		1				
63						
64						
65						
66						
67						
68		2				
69		2				
70						
71						
72						
73						
74						
75						
76						
77						
78		6				
79		①				
80		①				
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

252

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS